GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:702
ANSWERED ON:16.05.2000
PREGNANCY RELATED DEATHS
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether India tops in the pregnancy related deaths per year as per the WHO report;

(b) if so, the reasons therefor;

(c) the figures in this regard for the last three years, State-wise; and

(d) the steps taken by the Government to reduce such deaths?

Answer

THE MINISTER OF CHEMICALS & FERTILIZERS
(SHRI SURESH P. PRABHU)
(a)to(d): A statement is laid on the table of the Lok Sabha.
Statement referred to in reply to Lok Sabha Starred Question No. 702 for 16.05.2000

a) Although pregnancy related mortality in India is high, itis not the highest in the world. The World Health Report 1999published by WHO gives estimations of Maternal MortalityRatio (MMR) in respect of variouscountries for the year 1990. According to this Report, MMR inIndia in 1990 was 570 per 100,000 live births. Among our neigbouring countries MMR in Bangladesh for the same period was 850, in Nepal 1500 and Bhutan it was 1600.

The National Family Health Survey 1992-93 estimated the thenMaternal Mortality Ratio for India at 437 per100,000 live births. The latest report of Registrar General of India 1997 places MMR at 408 per 100,000 live births.

b) The main causes for such pregnancy related deaths are :

Direct causes: haemorrhage, infection, abortion, eclampsia and obstructed labour; Indirect causes : anaemia, viral hepatitis, tuberculosis and Malaria; Socio-economic causes: early age of marriage; adolescent pregnancies; low status of women; low level of female; education; lack of access to health services; gender bias and economic dependency.

(c) The figures of MMR for the last three years arenot available on an annual basis. The Statewise data for 15 major States as per the Registrar General of India Report 1997 is annexed.

(d) Maternal health care is an integral part of the Family Welfare Programme. Certain vertical interventions like National Nutritional Anaemia Control Programme andTetanus Immunisation Programme for pregnant mothers have been going on under the Family Welfare Progrmme. In 1992, the nationwide Child Survival and Safe Motherhood (CSSM)[1992- 97] was launched with World Bank support for integrating various vertical interventions in the area of maternal and child health. . The Reproductive and Child Health Programme which was launched in 1997 for five years, continues by way of strengthening of the CSSM activities along withcertain new programmes. The major RCH programmes are :

1. Essential obstetric care.

2. Emergency obstetric care.

3. Provision of contractual or part-time appointment of Anaesthesists, Gynaecologists, Safe Motherhood consultants and technical staff like Laboratory Technician, Public Health, Nurses, etc.

4. Provision of drugs and equipment for Maternal Health at sub-centres, primary health centres, community health centres / first referral units.

5. A scheme for 24 hour delivery services at selected primary health centres and community health centres. 6. Additional ANMs for backward districts.

7 Referral transport for pregnant women for eight backward States.

8. Facilities and training for medical termination of pregnancies for safe abortions.

9. Prevention, management and control of Reproductive Tract Infections (RTI)/ Sexually Transmitted Infections (STI). 10.Intensificatior of Information, Education and Communication (IEC)Programmes for Maternal and Child Health through the mass media as also decentralised local specific activities at the grassroot level. 11.Involvement of NGOs in awareness generationand service delivery where government services are not adequate. 12. Training of medical / paramedical and other service providers. 13. Training of Dais.

The need for bringing down MMR considerably and improving maternal health in general has been strongly stressed in the National Population Policy which has recently been approved by the Government. This Policy recommends a holistic strategy for bringing about total inter-sectoral coordination at the grassroot level and also for involving the NGOs,civil society, Panchayati Raj Institutions and women`s groups in bringing down MMR and Infant Mortality Ratio

ANNEXURE

Maternal Mortality Ratio (per 100,000 live births) India and bigger States, 1997

Places	MMR
India	408
Andhra Pradesh	154
Assam	401
Bihar	451
Gujarat	29
Haryana	105
Karnataka	195
Kerala	195
Madhya Pradesh	498
Maharashtra	135
Orissa	361
Punjab	196
Rajasthan	677
Tamil Nadu	76
Uttar Pradesh	707
West Bengal	264

Source: SRS, RG India